

Attachment A--“FAX-it-back” form for the **State HOME program**
CORRECTION

FAX to (916) 322-2904 (no cover page necessary) or e-mail information to HOME@hcd.ca.gov.

1. Will you attend one of the NOFA Workshops? If yes, please provide this information:

Organization Name: _____

Telephone Number: _____

We will send you the detailed workshop location, including a map, if you provide the following information:

E-Mail Address: _____
(please type, or copy your business card and include the copy in your fax)

FAX Number: _____

How many will attend each workshop: (Note: Revised Dates)

October 8, Sacramento _____

October 9, Sacramento _____

2. Please let us know **who will be attending and whether they have prepared HOME applications before.**

1 st name:	Prepared HOME Application Before? Yes ____ No ____
2 nd name:	Prepared HOME Application Before? Yes ____ No ____
3 rd name:	Prepared HOME Application Before? Yes ____ No ____
(attach copy of this page if more than 3 will attend.)	

3. What activity(ies) are you most interested in discussing?

Rental New Construction Projects _____
Homebuyer Programs _____
Rental and Homeownership Rehab Programs _____
First-Time Homebuyer Projects _____